

SEC Mall Mail Processing Section

MAR & r ZUUB

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL

3225_007C

OMB Number

1333233

| Washington, DC UNIFORM LIMITED OFFERING EXEMPTION | | | | | | D/ | ATE RECEIV | ED |
|--|--|------------------------------------|-------------------------------|------------------------|-------|--------------------|--------------------------------|--------------|
| Name of Offering Offering of member | (☐ check if this is an arship interests of K2 Lo | | has changed, and i | ndicate change.) | | | | |
| Filing Under (Check Type of Filing: | box(es) that apply): New Filing | ☐ Rule 504 ☑ Amendment | ☐ Rule 505 | ⊠ Rule 506 | | Section 4(6) | ULOE | |
| | | A. BASI | C IDENTIFICAT | TON DATA | | | . 22/10 01011 2/200 10101 2 | |
| Enter the information requested about the issuer Name of Issuer | | | | | | | 3044853 | _ |
| Address of Executive c/o K2 Advisors, L. | Offices L.C., 300 Atlantic Street | , 12 th Floor, Stamford | • | et, City, State, Zip C | ode) | Telephone Nun | nber (Includin 03) 905-5358 | |
| Address of Principal (if different from Execution) | | | (Number and Pre | JCESSED° | ode) | Telephone Num | iber (Includin | g Area Code) |
| Brief Description of E | Business: Private In | vestment Company | AP | R 0 3 2008 | | | | |
| Type of Business Or | ganization | | TH | OMSON | | | | |
| | corporation | ☐ limited p | partnership, alre ad r | JANAGIAI | | ther (please spec | • • | |
| | business trust | LI limited p | partnership, to be to | med | Limit | ed liability compa | any | |
| Actual or Estimated (| Date of Incorporation or C | Organization: | Month 2 | Yea | 3 | | u 🗆 E | Estimated |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State;

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are

SEC 1972 (5-05)

not required to respond unless the form displays a currently valid OMB control number. A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☑ Promoter Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Director □ General and/or Managing Partner Full Name (Last name first, if individual): K2 Advisors, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code): 300 Atlantic Street, 12th Floor, Stamford, CT 06901 Check Box(es) that Apply: ☑ Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Douglass III, William A. c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12th Floor, Stamford, CT Business or Residence Address (Number and Street, City, State, Zip Code): ☑ Promoter Check Box(es) that Apply: ☐ Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual): Saunders, David C. Business or Residence Address (Number and Street, City, State, Zip Code): c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12th Floor, Stamford, CT 06901 ☐ Beneficial Owner □ Director Check Box(es) that Apply: □ Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual): Ferguson, John T. c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12th Floor, Stamford, CT 06901 Business or Residence Address (Number and Street, City, State, Zip Code): Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Bunting Family Private Fund, LLC Business or Residence Address (Number and Street, City, State, Zip Code): 9690 Deereco Road, Suite 700, Timonium, MD 21093 Check Box(es) that Apply: ☐ Promoter M Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): K2 Long Short ASW Fund, L.L.C. Class E c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12th Floor, Stamford, CT Business or Residence Address (Number and Street, City, State, Zip Code): 06901 Check Box(es) that Apply: □ Promoter Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual):

Business or Residence Address (Number and Street, City, State, Zip Code):

☐ Executive Officer

☐ Executive Officer

☐ Director

□ Director

Full Name (Last name first, if individual):

Check Box(es) that Apply:

Check Box(es) that Apply:

Business or Residence Address (Number and Street, City, State, Zip Code):

☐ Promoter

□ Promoter

☐ Beneficial Owner

Beneficial Owner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

☐ General and/or Managing Partner

☐ General and/or Managing Partner

| 1. | Has the issu | ier sold, or | does the is | suer inten | d to sell, to Answer | o non-accr also in Ap _l | edited inve pendix, Co | estors in th lumn 2, if t | is offering iling under | ?r ULOE. | | Yes | ⊠ No |
|--------------|---|------------------------------|--------------------------------|-------------------------|----------------------------|---------------------------------------|---------------------------|--|----------------------------|---------------------------|---------------------------------------|------------------|----------------------------|
| 2. | What is the | minimum in | vestment t | hat will be | accepted | from any i | ndividual? | ······································ | | | | \$1,0 | 000,000* |
| | | | | | | | | | | | * | May be waiv | red by the general partner |
| 3. | Does the of | ering permi | it joint own | ership of a | single uni | t? | | | | | | Yes | □ No |
| 4. | Enter the in | omation re | equested fo | or each per | rson who h | as been c | r will be pa | aid or give | n, directly | or indirectl | у. | | |
| | any commis offering. If a and/or with | a person to a state or st | be listed is tates, list th | an associ ne name of | iated perso f the broke | on or agen | t of a broker. If more | er or deale than five (\$ | r registere 5) persons | d with the to be liste | SEC d are | | |
| | associated p | | | | er, you ma | y set forth | the inform | nation for t | hat broker | or dealer | only. | | |
| run r | lame (Last i | iame iirst, i | r ingividuai |) | | | | | | | | | |
| Busir | ess or Resi | dence Addi | ress (Numb | per and Str | reet, City, | State, Zip | Code) | - <u></u> | | | | ··· | |
| Nam | of Associa | ted Broker | or Dealer | | <u> </u> | | | | | | | | |
| | s in Which f (Check "All | | | | | | | | | | , | - | ☐ All States |
| □ [A | | [AZ] | | | | | | | | | [HI] | [ID] | ☐ All States |
| □ (11 | | □ [IA] | ☐ [KS] | | | | | ☐ [MA] | | ☐ [MN] | ☐ [MS] | [MO] | |
| □ [N | IT] 🔲 [NE |] [NV] | □ [NH] | [NJ] | □ [NM] | □ [NY] | ☐ [NC] | □ [ND] | □ [OH] | □ [OK] | ☐ [OR] | □ (PA) | |
| □ (P | ıj 🔲 (sc |] [SD] | [NT] | [XT] | | | □ [VA] | [WA] | [M∧] | [WI] | [WY] | □ [PR] | |
| Ful) N | lame (Last i | name first, i | f individual |) | | | | | | | _ | | |
| Busir | ess or Resi | dence Addr | ess (Numb | er and Str | reet, City, | State, Zip | Code) | | | | | | |
| Name | of Associa | ted Broker | or Dealer | | | | | ·- <u>-</u> | ············ | | · · · · · · · · · · · · · · · · · · · | · - · | |
| | s in Which F | | | | | | | | | | | | ☐ All States |
| □ [A | | ☐ [AZ] | | | • | | □ (DE) | | | ☐ [GA] | [HI] | [ID] | |
| 🔲 (Ir |] 🔲 [IN] | □ [IA] | ☐ [KS] | □ [KY] | [LA] | ☐ [ME] | [MD] | ☐ [MA] | [MI] | ☐ [MN] | ☐ [MS] | [MO] | |
| □ [M | T] [NE | [NV] □ | □ [NH] | [M] | □ [NM] | | ☐ [NC] | □ [ND] | [HO] | | | □ [PA] | |
| □ (R | ı] □(sc | | | [XT] | [TU] | [17] | [AV] | [AW] | [WV] | [WI] | □ (WY) | CPR] | |
| Full N | ame (Last r | ame first, i | f individual |) | <u> </u> | | *** | | | | | | |
| Busin | ess or Resi | dence Addr | ess (Numb | er and Str | eet, City, S | State, Zip (| Code) | | · | | · | | |
| Name | of Associa | ed Broker | or Dealer | | | | | | | | | - | |
| | in Which F Check "All S | | | | | | | | | | | | ☐ All States |
| □ [A | | □ [AZ] | | | | | | | | | [HI] | □ [ID] | |
| |] [IN] | [AI] | [KS] | [KY] | [LA] | [ME] | ☐ [MD] | [AM] | ☐ [MI] | ☐ [MN] | ☐ [MS] | [MO] | |
| ☐ (M | П □ (NE) | [VN] | | [NJ] | ☐ [NM] | [YN] | ☐ [NC] | | | | | □ [PA] | |
| □ (R |] 🔲 [SC] | ☐ (SD) | [NT] | □ [XT] | [Ln] | | [VA] | [WA] | □ [WV] | (iw) | [VY] | □ (PR) | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | |
|----|---|----------------------------|-------------|--|
| | Type of Security | Aggregate Offering Pric | | Amount Already Sold |
| | Debt | . <u>\$</u> _ | | |
| | Equity | . \$ | s_ | |
| | ☐ Common ☐ Preferred | | | |
| | Convertible Securities (including warrants) | . \$ | <u>\$</u> | |
| | Partnership Interests | . \$ | \$ | |
| | Other (Specify) Membership Interests | \$ 900,00 | 00,000 \$ | 122,539,281 |
| | Total | \$900,0 | 00,000 \$ | 122,539,281 |
| | Answer also in Appendix, Column 3, if filing under ULOE | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | |
| | | Number Investors | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 9 | 0 \$ | 122,539,281 |
| | Non-accredited Investors | n/ | <u> </u> | n/a |
| | Total (for filings under Rule 504 only) | <u>_</u> | <u> </u> | 0 |
| | Answer also in Appendix, Column 4, if filing under ULOE | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1. | | | |
| | Type of Offering | Types of | | Dollar Amount |
| | | Security | | Sold |
| | Rule 505 | | <u> </u> | n/a |
| | Regulation A | n/s | a <u>\$</u> | |
| | Rule 504 | n/s | <u> </u> | n/a |
| | Total | n/s | <u>\$</u> | n/a |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | |
| | Transfer Agent's Fees | | <u>\$</u> | |
| | Printing and Engraving Costs | | <u>\$</u> | |
| | Legal Fees | 🗵 | <u>\$</u> | 61,767 |
| | Accounting Fees | 🛮 | <u>\$</u> | 5,000 |
| | Engineering Fees | | <u> </u> | |
| | Sales Commissions (specify finders' fees separately) | | \$ | |
| | Other Expenses (identify)) | | \$ | |
| | Total | | | 66,767 |
| | | • | _ | |

| 4 | b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This differen "adjusted gross proceeds to the issuer." | | <u>\$1</u> | 899,933,233 | |
|---|--|----------------|---|-------------|-----------------------|
| 5 | Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed tused for each of the purposes shown. If the amount for any purpose is not known, furnish estimate and check the box to the left of the estimate. The total of the payments listed must the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. at | an st equal | Payments to Officers, Directors & Affiliates | | Payments to Others |
| | Salaries and fees | | \$ | | \$ |
| | Purchase of real estate | | \$ | | \$ |
| | Purchase, rental or leasing and installation of machinery and equipment | | \$ | | \$ |
| | Construction or leasing of plant buildings and facilities | □ | \$ | | <u>\$</u> |
| | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger | | <u>\$</u> | | \$ |
| | Repayment of indebtedness | | \$ | | \$ |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| _ | *** | | | | - | - | - |
|----|-------|----|------|----|---|-----|---|
| 1) | FEDER | ΔI | SILL | uД | ш | 111 | ₽ |
| | | | | | | | |

Working capital.....

Column Totals

Total payments Listed (column totals added).....

Other (specify): _

This issuer has duty caused this notice to be signed by the undersigned duty authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| issuer (Print or Type) K2 Long Short Fund, LLC | Signature | Date March 24, 2008 |
|---|---|------------------------|
| Name of Signer (Print or Type) John T. Ferguson | Title of Signer (Print or Type): Chief Operating Officer, K2 Advisors, L.L.C, its Member M | anager |
| | · / ··— | |

ATTENTION

\$899,933,233

\$ 899,933,233

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\$ 899,933,233

\$

| | | E. STATE SIGNATURE | | | | |
|--|---|--|--|--|--|--|
| 1. | Is any party described in 17 CFR 230.262 pre provisions of such rule? | sently subject to any of the disqualification | Yes No | | | |
| | See | Appendix, Column 5, for state response. | | | | |
| 2. | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law. | | | | | |
| 3. | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. | | | | | |
| 4. | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. | | | | | |
| | suer has read this notification and knows the conized person. | tents to be true and has duly caused this notice to be sig | gned on its behalf by the undersigned duly | | | |
| | (Print or Type) ong Short Fund, LLC | Signature | Date March 24, 2008 | | | |
| Name | of Signer (Print or Type) | Title of Signer (Pon) or Type): | | | | |
| John T. Ferguson Chief Operating Officer, K2 Advisors, L.L.C, its Member Manager | | | | | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | | | | API | PENDIX | · · · · · · · · · · · · · · · · · · · | | | |
|-------|-----------------------|---|--|--------------------------------------|--|---------------------------------------|-------------|--|--|
| 1 | | 2 | 3 | | | 4 | <u></u> | 5 | ; |
| | to non-a investors | I to sell ccredited s in State - Item 1) | Type of security and aggregate offering price offered in state (Part C – Item 1) | | Type of investor and amount purchased in State (Part C – Item 2) | | | Disqualificat under State U (if yes, atta- explanation waiver grant (Part E – Iten | |
| State | Yes | No | Membership Interests | Number of Accredited Investors | Number of Accredited Non-Accredited | | | | No |
| AL | | | | | | | | | |
| AK | | | | | | | | | |
| AZ | | х | \$900,000,000 | 2 | \$2,000,000 | 0 | \$0 | | х |
| AR | | | | | | | | | |
| CA | | Х | \$900,000,000 | 9 | \$5,000,000 | 0 | \$0 | | × |
| со | | Х | \$900,000,000 | 6 | \$15,250,000 | 0 | \$0 | | × |
| СТ | | х | \$900,000,000 | 10 | \$3,699,222 | 0 | \$0 | | х |
| DE | | х | \$900,000,000 | 2 | \$2,000,000 | 0 | \$0 | | X |
| DC | | | | | | | | | |
| FL | | Х | \$900,000,000 | 4 | \$2,300,000 | 0 | \$0 | | X |
| GA | | х | \$900,000,000 | 4 | \$2,000,000 | 0 | \$0 | | X |
| н | | | | · | | | | | |
| ID | | | | | | | | | |
| IL. | | X | \$900,000,000 | 1 | \$1,000,000 | 0 | \$0 | | X |
| IN | | Х | \$900,000,000 | 1 | \$2,000,000 | 0 | \$0 | <u>.</u> | X |
| IA | , , , , , , , | | | | <u> </u> | | | <u> </u> | |
| KS | | | | | - | | | | ļ |
| KY | | X | \$900,000,000 | 1 | \$6,452,991 | 0 | \$0 | | X |
| LA | | | | | | 0 | | | |
| ME | | Х | \$900,000,000 | 1 | \$500,000 | 0 | \$0 | | X |
| MD | - | Х | \$900,000,000 | 1 | \$25,000,000 | 0 | \$0 | <u></u> | X |
| MA | | | | | | | | | |
| MI | | х | \$900,000,000 | 5 | \$3,500,000 | 0 | \$0 | <u></u> | X |
| MN | | | | | | | | | |
| MS | | - | | | <u> </u> | | | | |
| MO | | | | | | | | | |
| MT | | | | - "- | | | | | |
| NE | | <u></u> | | | | | | | |
| NV | | | | | _ | - | | | |
| NH | | | 6000 000 000 | | #F 000 000 | | | | |
| NJ | | X | \$900,000,000 | 7 | \$5,000,000 | 0 | \$0 | | х |
| NM | | | | | | | | | |

| | | | | AP | PENDIX | | | | | | |
|-------|---|---|--|---|--------------|--|---------------------------|-----|---|--|--|
| | | | | | | | | | | | |
| 1 | ; | 2 | 3 | | 4 | | | | | | |
| | to non-a | I to sell ccredited s in State – Item 1) | Type of security and aggregate offering price offered in state (Part C – Item 1) | Type of investor and exp Amount purchased in State wait (Part C – Item 2) | | | Amount purchased in State | | | | |
| State | Number of Number of Accredited Non-Accredited | | | | | | | Yes | No | | |
| NY | | x | \$900,000,000 | 15 | \$15,138,678 | 0 | \$0 | | х | | |
| NC | | х | \$900,000,000 | 1 | \$13,773,100 | 0 | \$0 | | х | | |
| ND | | | | | | | | | | | |
| ОН | | | | | | | | | | | |
| ок | | x | \$900,000,000 | 1 | \$1,000,000 | 0 | \$0 | | х | | |
| OR | | | | | | | | | | | |
| PA | | х | \$900,000,000 | 6 | \$6,900,000 | 0 | \$0 | | x | | |
| RI | | | | <u> </u> | <u> </u> | | | | | | |
| sc | | | | | | | | | <u> </u> | | |
| SD | | X | \$900,000,000 | 1 | \$750,000 | 0 | \$0 | | X | | |
| TN | | | | | | ļ | | | | | |
| TX | | × | \$900,000,000 | 9 | \$5,750,000 | 0 | \$0 | | X | | |
| ŲT | | | | | | ļ | | | | | |
| VT | | | - | · <u>-</u> | | | | | | | |
| VA | | X | \$900,000,000 | 3 | \$2,250,000 | 0 | <u>\$0</u> | | X | | |
| WA | <u> </u> | <u> </u> | | | | | | | | | |
| WV_ | | | | | | | | - | - | | |
| WY | | | | | | | | | | | |
| Non | | | | ···· | | | | | | | |
| LIS | | l | 1 | | | | | | | | |

| _ | C. OFFERING PRICE, NUMBER OF INVESTORS, EXP | ENSES | AND USE OF PRO | OCEEDS | · |
|----|---|---------------------|---|-----------|-----------------------|
| 4 | b. Enter the difference between the aggregate offering price given in response to Part Question 1 and total expenses furnished in response to Part C—Question 4.a. This differ "adjusted gross proceeds to the issuer." | ence is the | | <u>\$</u> | |
| 5 | Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furnic estimate and check the box to the left of the estimate. The total of the payments listed in the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. | sh an nust equal | Payments to Officers, Directors & Affiliates | | Payments to Others |
| | Salaries and fees | | <u>\$</u> | _ 🗆 | \$ |
| | Purchase of real estate | | <u>\$</u> | 🗆 | \$ |
| | Purchase, rental or leasing and installation of machinery and equipment | | \$ | _ 🗆 | \$ |
| | Construction or leasing of plant buildings and facilities | | \$ | _ 0 | \$ |
| | Acquisition of other businesses (including the value of securities involved in this | | | | |
| | offering that may be used in exchange for the assets or securities of another issu pursuant to a merger | er 🗆 | \$ | | \$ |
| | Repayment of indebtedness | | \$ | | \$ |
| | Working capital | | \$ | _ 🛛 | \$ |
| | Other (specify): | | \$ | | \$ |
| | | | s | | \$ |
| | Column Totals | | \$ | | \$ |
| | Total payments Listed (column totals added) | _ | ⊠ \$ | | |
| _ | | | | | |
| | D. FEDERAL SIGNATU | IRE | · | | |
| CC | is issuer has duly caused this notice to be signed by the undersigned duly authorized persinstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comet the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. | | | | |
| ls | suer (Print or Type) Signature | | | Date: | |
| Na | ame of Signer (Print or Type) Title of Signer (Print or Type) | · . | | | |
| Jo | ohn T. Ferguson Chief Operating Officer, K2/ | D&S Mana | gement CO., L.L.C., it | s Investm | ent Manager |
| | | | | | |
| | | | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| _ | | E. STATE SIGNATURE | | | | |
|-----------|---|---|--|--|--|--|
| 1. | Is any party described in 17 CFR 230.262 pres provisions of such rule? | ently subject to any of the disqualification | Yes | | | |
| | See / | Appendix, Column 5, for state response. | | | | |
| 2. | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law. | | | | | |
| 3. | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. | | | | | |
| 4. | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. | | | | | |
| | uer has read this notification and knows the contred person. | ents to be true and has duly caused this notice to be | signed on its behalf by the undersigned duly | | | |
| Issuer (I | Print or Type) | Signature | Date | | | |
| Name o | f Signer (Print or Type) | Title of Signer (Prigt or Type) | | | | |
| John T. | John T. Ferguson Chief Operating Officer, K2/D&S Management CO., L.L.C., its Investment Manager | | | | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

